SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24.5 30					1 1. REQUISITIO	N NUMBER I PAGE 1 OF 2
		AMARD/EFFECTIVE DATE 4. ORDER NUMBER				ON NUMBER 6. SOLICITATION
F416129800009	99 OCT Ø1	5009			i	[
1 7. FOR SOLICITATION : I INFORMATION CALL !	a. NAME				Ib. TELEPHONE N	IUMBER 18. OFFER DUE 1 DATE/LOCAL TIME
19. 156450 BY		FA3020 1				R FOBI12. DISCOUNT TERMS
TRACTING SQUA	ADRON	!	UNRESTR	ICTED	IDESTINATION UN FORIBLOCK IS MARKE	iless i i
I SHEF-AND AFB TX 76	311-27 46	i		ALL BUSINES	5 I <u>I ISEE SCHED</u> L	ILE I NET 30 I
LACKEY, DORIS A.	SPECIALIZED 940 676-2	1812	<u> </u>	ALL DISADV (3USI I <u>1</u> 13a. THIS	CONTRACT IS A RATED ORDER I
i		· .	1 8(/ 5IC:		113b. RATING S	DPAS (15 CFR 700)
 -		Į.	SIZE STAN	DARD:	114. METHOD OF	SOLICITATI <u>on</u> ! IFB RFP !
15. DELIVER TO		I_F73CE0	16. ADMINIS	TERED BY	<u>I. I. III X</u>	
82 CES/CEO, STOP 20 MRK FOR: F73CEO F4 331 MOATES AVENUE	1612 98000095009	 	SEE BLOO	CK 9		
I <u>SHEPPARD AFB TX 76</u> I 17a.CONTRACTOR/OFFERO		ILITY CODE I			NT HILL BE MADE BY	
I	·	209-74	7-1232	DFAS-SA/I	FPV : F73CEO F41612 96	EFT: T I
SACRAME	NTO WEED & GROWTH REGULATO	RS		1 500 MC C	ULLOUGH AVE	l l
1 29585 R				i san antoi	NIO TX 78215-21 0 6)
1						DI 0074 10- 1-11 500 0: 007
I I_I 17b. CHECK IF REI IAODRESS IN O	MITTANCE IS DIFFÉRENT AND	PUT SUCH I			_adoress shown in I isee addendum	BLOCK 18a UNLESS BLOCK
I 19. I	20.		21.	22. i	23.	24.
<u>j item no.j sci</u> i	HEDULE OF SUPPLIES/SERVICE	3	QUANTITY I	uni I	UNIT PRICE	ANDUNT
<u>.</u>					•	
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I SEE ATTACHED	SCHEDULE (S)					
	1					
125. ACCOUNTING AND AP	DELIVER TO FOR PROPRIATION DATA	POINT BY: 0	10 SEP 30	12	5. TOTAL AHARD AM	DUNT (for Govt. Use Only)
	443 03 53310 660700 W /O A3	8005 5		į	20000.00	
1 27a. SOLICITATION	INCORPORATES BY REFERENCE	FAR 52.212-1	., 52.212-4,	52.212-3 a	nd 52.212-5 ARE A	TACHED_ADDENDAIARE
i	CHASE ORDER INCORPORATES 8	Y REFERENCE F	AR 52.212-4	.FAR 52.212	-5 is attached ADC	
128. CONTRACTOR IS REQ	VIRED TO SIGN THIS DOCUMEN	IT AND RETURN	COPIES	TO 12	9. AMARO OF CONTRO	ACT: REFERENCE 9986164
ULL I ISSUING OFFICE. C	ONTRACTOR AGREES TO FURNIS E IDENTIFIED ABOVE AND ON	H AND DELIVER	: all items	SET IL RJECT TO I	OFFER DATED	YOUR OFFER ON I
	DITIONS SPECIFIED HEREIN.	THIS TOUR LEGISLAND	JULLIJ JU	1	additions or Chan	GES MHICH ARE SET FORTH
I 130a.SIGNATURE DE OFFE	ROR/CONTRACTOR		131a, INTT	ED STATES O	HEREIN. IS ACCEPTI F AMERICA (SIGNATI	ED AS TO ITEMS: JRE OF CONTRACTING OFFICER)
1 ANGISTOMINUE OF OLLE	non/ con indcton		1 20. 01.	: ITTI		
1				<i>l</i> , 1		
				When	(/) ton	
1306.NAME AND TITLE OF	SIGNER(TYPE OR PRINT) 13	OC.DATE SIGNE	10 316. NOTE		/\'/ //	199actor
306.NAME AND TITLE OF		OC.DATE SIGNE	10 316. NOTE	OF CONTROC L. STORY	/\'/ //	135.AMOUNT VERIFIED
I 	MN 21 HAS BEEN ECTED I I ACCEPTED AND CON	IFORMS TO THE	DI316. NAME SHIRLEY	OF CONTROC L. STORY UMBER 13	TING OFFICER CTYP	199actor
I 		IFORMS TO THE	33.5HIP N	OF CONTROC L. STORY UMBER 13	TING OFFICER CTYP	135.AMOUNT VERIFIED CORRECT FOR
I 132a. QUANTITY IN COLU I I RECEIVED I INSP I	PR 21 HAS BEEN ECTED I I ACCEPTED AND CONCONTRACT, EXCEPT	IFORMS TO THE	DI316. NAME SHIRLEY 133.5HIP N IPARTIAL 136_PAYMEN	OF CONTROC L. STORY UMBER 13 LIFIMALI T LETE I	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL ILE	135. AMOUNT VERIFIED CORRECT FOR 1 137. CHECK NUMBER
I 132a. QUANTITY IN COLU I I RECEIVED I INSP I	MN 21 HAS BEEN ECTED I I ACCEPTED AND CON	IFORMS TO THE	DI316. NAME SHIRLEY 133.5HIP N IPARTIAL 136_PAYMEN	OF CONTROC L. STORY UMBER 13 LIFIMALI T LETE I	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL ILE	135. AMOUNT VERIFIED CORRECT FOR 1 137. CHECK NUMBER
I 132a. QUANTITY IN COLU I I RECEIVED I INSP I	PR 21 HAS BEEN ECTED I I ACCEPTED AND CONCONTRACT, EXCEPT	IFORMS TO THE	315. NAME SHIRLEY 33.5HIP N IPARTIAL 136_PAYMEN I COMP 138.5/R AC	OF CONTROC L. STORY UMBER 13 LIFINAL 1 TLETE 1 COUNT NUMBE	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL TIE 1 139, 5/R VOUCHE	135. AMOUNT VERIFIED CORRECT FOR 1 137. CHECK NUMBER
	PR 21 HAS BEEN ECTED I I ACCEPTED AND CONCONTRACT, EXCEPT	IFORMS TO THE	DI316. NAME SHIRLEY 133.5HIP N IPARTIAL 136_PAYMEN	OF CONTROC L. STORY UMBER 13 LIFINAL 1 TLETE 1 COUNT NUMBE	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL TIE 1 139, 5/R VOUCHE	135. AMOUNT VERIFIED CORRECT FOR 1 137. CHECK NUMBER
	PR 21 HAS BEEN ECTED I I ACCEPTED AND CONCONTRACT, EXCEPT	IFORMS TO THE AS NOTED	D 316. NAME SHIRLEY 33.5HIP N I PARTIAL 136. PRYMEN I I COMP 138.5/R AC	OF CONTROC L. STORY UMBER 13 L. LETE 1 COUNT NUMBER ED BY (PRIN	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL T E R 139. 5/R VOUCHE	135. AMOUNT VERIFIED CORRECT FOR 1 137. CHECK NUMBER
132a. QUANTITY IN COLU 1 RECEIVED 1 INSP 132b. SIGNATURE OF AUT	MN 21 HAS BEEN ECTED I ACCEPTED AND CONCONTRACT, EXCEPT HORIZED GOVT. REPRESENTATI	IFORMS TO THE AS NOTED VE 132c.DATE	D 316. NAME SHIRLEY 33.5HIP N I PARTIAL 136. PRYMEN I I COMP 138.5/R AC	OF CONTROC L. STORY UMBER 13 LIFINAL 1 TLETE 1 COUNT NUMBE	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL T E R 139. 5/R VOUCHE	135. AMOUNT VERIFIED CORRECT FOR 1 137. CHECK NUMBER
132a. QUANTITY IN COLU 1 RECEIVED 1 INSP 132b. SIGNATURE OF AUT	MN 21 HAS BEEN ECTED I ACCEPTED AND CONCONTRACT, EXCEPT HORIZED GOVT. REPRESENTATI	IFORMS TO THE AS NOTED VE 132c.DATE	315. NAME SHIRLEY 33.5HIP N IPARTIAL 136.PAYMEN I COMP 138.5/R AC	UMBER 13 LIFINAL 1 TLETE 11 COUNT NUMBE ED BY (PRIN	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL TIE R 139, 5/R VOUCHER T TION)	135. AMOUNT VERIPIED CORRECT FOR 137. CHECK NUMBER R NUMBER 140. PAID BY
132a. QUANTITY IN COLU 1 RECEIVED 1 INSP 132b. SIGNATURE OF AUT	MN 21 HAS BEEN ECTED I ACCEPTED AND CONCONTRACT, EXCEPT HORIZED GOVT. REPRESENTATI	IFORMS TO THE AS NOTED VE 132c.DATE	315. NAME SHIRLEY 33.5HIP N IPARTIAL 136.PAYMEN I COMP 138.5/R AC	UMBER 13 LIFINAL 1 TLETE 11 COUNT NUMBE ED BY (PRIN	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL T E R 139. 5/R VOUCHE	135. AMOUNT VERIPIED CORRECT FOR 137. CHECK NUMBER R NUMBER 140. PAID BY
132a. QUANTITY IN COLU 1 RECEIVED 1 INSP 132b. SIGNATURE OF AUT	MN 21 HAS BEEN ECTED I ACCEPTED AND CONCONTRACT, EXCEPT HORIZED GOVT. REPRESENTATI	IFURMS TO THE AS NOTED IVE 132c.DATE I THE AS NOTED I THE A	315. NAME SHIRLEY 33.5HIP N IPARTIAL 136.PAYMEN I COMP 138.5/R AC	OF CONTROC L. STORY UMBER 13 LIFINAL 1 T COUNT NUMBE ED BY (PRIN ED AT (LOCA EC'D YY/MM/	TING OFFICER (TYP) 4. VOUCHER NUMBER PARTIAL TIE R 139. S/R VOUCHE T) TION) DD 142d.TOTAL CON	135. AMOUNT VERIPIED CORRECT FOR 137. CHECK NUMBER R NUMBER 140. PAID BY

Standard Form 1449 (REV>10-95) Continued:

Sacramento Weed & Growth Regulators F41612-98-D0009 5009 Page 2

TIN: 942721211 DUNS: 021183140 CAGE: 67525

 Block 19.
 20.
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 22.
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 24.
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 ITEM NO
 SUPPLIES/SERVICES
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Obligate funds and disburse as required for FY 00(Oct – Sep) Option Year Two Award Fee CLIN 2019. Under the following cost area:

BASE: 5703400 300 6444 564443 03 53310 660700 W/O A30055 \$20,000.00